

IMMUNIZATION RECORD - CHILD DEVELOPMENT CENTER

|                                       |                  |                                |
|---------------------------------------|------------------|--------------------------------|
| CHILD'S NAME (LAST, FIRST, M.I.)      |                  | SEX (CIRCLE ONE)<br>F M        |
| SOCIAL SECURITY NUMBER                |                  | DATE OF BIRTH (DAY/MONTH/YEAR) |
| TO BE COMPLETED BY IMMUNIZATION STAFF |                  |                                |
| CHILD'S AGE                           | IMMUNIZATION DUE | DATE GIVEN                     |
| BIRTH-2 MONTHS                        | HEPATITIS B #1   |                                |
| 2-4 MONTHS                            | HEPATITIS B #2   |                                |
| 2 MONTHS                              | DTaP/DTP #1      |                                |
|                                       | IPV/OPV #1       |                                |
|                                       | Hib #1           |                                |
| 4 MONTHS                              | DTaP/DTP #2      |                                |
|                                       | IPV/OPV #2       |                                |
|                                       | Hib #2           |                                |
| 6 MONTHS                              | DTaP/DTP #3      |                                |
|                                       | IPV/OPV #3       |                                |
|                                       | Hib #3           |                                |
|                                       | HEPATITIS B #3   |                                |
| 12 MONTHS                             | PPD              |                                |
|                                       | MMR #1           |                                |
| 15-18 MONTHS                          | DTaP/DTP #4      |                                |
|                                       | Hib #4           |                                |
| 4-6 YEARS                             | DTaP/DTP #5      |                                |
|                                       | IPV/OPV #4       |                                |
|                                       | MMR #2           |                                |

CERTIFICATION: REQUIRED IMMUNIZATIONS FOR CHILD'S ENROLLMENT HAVE BEEN COMPLETED.

NOTES: THE ABOVE NAMED CHILD HAS BEEN GIVEN A ROUTINE MEDICAL EXAMINATION AND HAS BEEN FOUND FREE OF INFECTIOUS OR CONTAGIOUS DISEASES, AND TO BE CAPABLE OF PARTICIPATING FULLY IN CDS PROGRAMS WITH THE EXCEPTIONS LISTED BELOW:

DATE:

AUTHORIZED MEDICAL PERSONNEL'S SIGNATURE

NAME OF CLINIC